NOTICE OF DISMISSAL		Form #1DC2
In The District Court of the First Circuit Division		
STAT	E OF HAWAI'I	
Plaintiff(s)		
		Reserved for Court Use Civil No.
Defendant(s)		Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)
Court Date & Time:		┨
Return		
	Disposition/Other	
Plaintiff(c) enters a DISM	NOTICE O ISSAL in the above entitled case (selec	F DISMISSAL
Court Rules of Civil Procedur		smissal is being filed prior to the Return Hearing and Defendant(s) has
(select one)		
☐ Partial Dismissal as to De (Certificate of Service requi		
☐ By signing this docu	ment, I/we acknowledge that th	nere are no remaining claims or parties.
	Signature of Plaintiff(s)/Plainti	ff(s)' Attorney:
Date:	Print/Type Name:	
		require an accommodation for your disability, please contact the , FAX 538-5233, or TTY 539-4853 at least ten (10) working

days in advance of your hearing or appointment date. For Civil related matters, please call 538-5151.